

Healthworks

NUTRITION CENTRE

MICROSCOPIC BLOOD ASSESSMENT

Name: _____ Date: _____

**Please let the front desk staff know if there have been any changes to personal information since your last visit.*

List Current Medications (prescribed or non-prescribed):

List any vitamins/ herbals/ homeopathics/other natural supplements you are currently taking:

What are your current health concerns? Which of these concerns is most immediate to you?

Have you seen any improvements since your last visit?

None Slight Moderate Complete

Where have you seen improvement?

How many cups of coffee do you drink?

(daily) _____

Do you drink any carbonated beverages? **Y / N** If Yes, how much?

(daily) _____

How much do you exercise? (times/ week)

_____ How much water do you drink?

(daily) _____

What type of water do you drink? Circle one:

Distilled
Spring
Tap

Filtered
Well
Reverse Osmosis

Other: _____

How often do you have a bowel movement? _____

How is your energy level? Circle one: Excellent Good Fair Poor

How many hours of sleep do you get per night? _____

CONSENT AND ACKNOWLEDGEMENT

I, the undersigned, hereby understand that

Grant M. Derkatz is not a medical practitioner and particular that he:

A). does not hold himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical condition;

B). does not offer or undertake by any means or methods to diagnose, treat, operate, prescribe for any human disease, pain, injury, disability or physical condition, and:

C). cannot and will not give medical advice.

I, the undersigned, hereby confirm and acknowledge:

A). all information from, or communication with, Grant M. Derkatz are at my own request, with full knowledge and understanding of the above particulars, and;

B). no guarantees have been made to me concerning the results that may be obtained as a result of my consultation with Grant M. Derkatz.

Dated this _____ day of _____, 20__.

Signature

(Please Print Full Name)

Parent/ Guardian Signature (if under 18 yrs old)